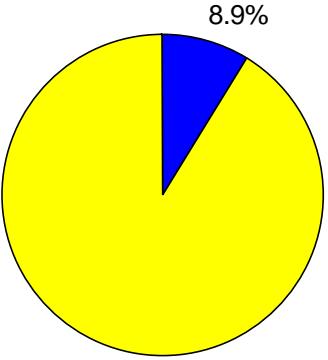


# Fairfax-Falls Church Community Services Board

## 106-07-Mental Health Youth and Family Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board	
Personnel Services	\$6,799,604	<div>CAPS Percentage of Agency Total</div>  <div>91.1%</div> <div>8.9%</div> <div><div></div> Mental Health Youth and Family Services</div> <div><div></div> All Other Agency CAPS</div>
Operating Expenses	\$2,842,051	
Recovered Costs	(\$114,779)	
Capital Equipment	\$0	
<b>Total CAPS Cost:</b>	<b>\$9,526,876</b>	
Federal Revenue	\$202,366	
State Revenue	\$1,091,695	
User Fee Revenue	\$2,440,302	
Other Revenue	\$187,642	
<b>Total Revenue:</b>	<b>\$3,922,005</b>	
<b>Net CAPS Cost:</b>	<b>\$5,604,871</b>	
Positions/SYE involved in the delivery of this CAPS	102/100.25	

### ► CAPS Summary

**Mental Health Youth and Family Services** provides a broad array of mental health services to children and youth with serious emotional disturbances (SED) and at-risk (AR) children and their families. Some families present with such complex problems that they can only be served in a large clinical organization and through extensive collaboration among the various child-serving agencies.

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Many of these children and youth have a history of:

- psychotic episodes
- psychiatric hospitalization
- involvement with the juvenile justice system
- exposure to violence
- abuse and neglect
- out of control and aggressive behaviors
- suicidal ideation and/or suicide attempts
- exposure to serious disturbances in their care takers

Services include assessment, individual, group, and family therapy, pharmacological therapy, case management, psycho-education, day treatment, in-home services, and out-of-home respite and residential services to children ages 3 to 18 years. The requirement for interagency collaboration and the sharing of intervention efforts has become a standard of care and is mandated by the Comprehensive Services Act. Services vary by duration and level of intensity according to the family's needs. Service intensity ranges from periodic case management and medication maintenance to residential programs. Youth and Family Services provides treatment to the mandated population of children and adolescents who meet the child and adolescent priority population as determined by the State Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). It also provides case management and discharge planning services as mandated by the Code of Virginia.

Services are provided at five outpatient sites, three residential sites, the Juvenile and Domestic Relations District Court, the Less Secure and Secure Juvenile Detention Facilities and in Fairfax County Public Schools (FCPS). Service providers work in multidisciplinary teams made up of psychiatrists, psychologists, social workers, psychiatric nurses, and professional counselors.

Treatment is coordinated with other agencies including: the Department of Family Services (Child Protective, Foster Care and Family Services), the Juvenile and Domestic Relations District Court, Community and Recreation Services, the Health Department, Alcohol and Drug Services, Mental Retardation Services, FCPS, and community-based child serving agencies. Youth and Family Services actively participates in the system of care with the Comprehensive Services Act (CSA) program under the auspices of the Community Policy and Management Team (CPMT).

Youth and Family Services provides contract management oversight through case management, clinical consultation with other agencies, direct contact with families and providers, and participation in the CSA process. In-home services, respite services, and the Mental Health Initiative residential services are provided through contracts, as will newly authorized outpatient services.

The design of the program recognizes the range of service needs of children and their families. The programs fit along a developmental continuum, as well as a level of intensity and duration of service.

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The programs of Youth and Family Services are as follows:

The **Continuing Care Program** serves families whose children and youth ages 7 through 18 or high school completion require ongoing Mental Health services by reason of persistent serious emotional disturbances. Over time, youth and their families typically experience multiple interventions and multi-agency involvement, as well as psychiatric hospitalizations, residential treatment, and use of psychoactive medications. The child or youth evidences significant impairments in one or more activities of daily living.

The **Focused Care Program** serves children and youth ages 7 through 18 or high school completion whose families are available to engage in Mental Health services aimed at a specific problem or issue. The family has the resources to maintain itself successfully in the community and the impairments of the children and youth are not debilitating enough for the family to seek ongoing care. The family may request services episodically to resolve problems as they arise.

The **Infant/Early Childhood/LINCS Program** serves at-risk infants, toddlers, and pre-school through early elementary grade children ages birth through 6 and their parents. The array of services is designed to support and guide parents in improving their parenting capacity to enhance their children's development, and/or treat children who are developmentally compromised, at-risk of or victims of abuse, or have the potential to become Seriously Emotionally Disturbed and are at risk of multi-agency interventions. This program provides direct treatment services in five of the FCPS' non-categorical pre-school programs.

The **Intermediate Care Program** provides a range of treatment services, including Home Based, Intensive In-Home and Out-Of-Home Respite services, through contracts with private providers and the Adolescent Comprehensive Day Treatment Program in collaboration with FCPS. Families served by the program are involved multiple times weekly in treatment designed for seriously emotionally disturbed children and adolescents who may be treated at this intermediate level of care rather than through residential or inpatient care. Transportation is provided for youth in the Day Treatment Program by a CSB van and through FASTRAN, Fairfax County's transportation agency.

The **Mental Health Resource Program** provides Mental Health expertise, support, and guidance to families who are in treatment with non-CSB mental health providers and are involved with child-serving agencies such as the Courts, Schools and Family Services. The program operates primarily by joining agencies and families in Child Specific Teams. The Resource Program manages the Mental Health Initiative and the Non-Custodial Foster Care Pilot. Discharge planning is a function of this program.

The **Child Abuse Program** provides assessment, evaluation, and treatment preparation services for families involved with the Department of Family Services and the Juvenile and Domestic Relations Court by reason of abuse and neglect allegations. The team evaluates the family, interacts with other agencies in developing intervention strategies, and provides expert opinion to the Court. The Model Court endeavor is assigned to this program.

The **Youth Residential Program** provides residential care for at-risk and seriously emotionally disturbed children and youth in three facilities: Fairfax House, My Friend's Place, and Sojourn House. Fairfax House is a program for adolescent boys who remain in the care of their families. My Friend's Place serves children to age 12 who are generally in the custody of the Department of Family Services by reason of abuse and neglect, while Sojourn House serves adolescent girls in the custody of the Department of Family Services by reason of abuse and neglect. In addition, Alternative House, a contract agency, provides shelter to runaway youth.

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The **Juvenile Forensic Program** provides mental health diagnostic services and crisis intervention to children and youth before the Juvenile and Domestic Relations District Court by reason of run away, out of control and truant behavior, and criminal activities. The program also provides dual diagnosis treatment to youth sentenced to the Juvenile Detention Facility.

### **Quality Assurance and Staff Development**

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, additional training is required on neurological issues in children's mental health treatment. Model court training is also offered.

### **Community Outreach**

Public forums for community members/interested citizens featuring staff presentations on mental health issues of interest at open luncheons and other meetings.

### **Accomplishments**

Youth and Family Services completed a redesign into a clearly defined continuum of program services offered County-wide. The redesign effort took into account the changing requirements for services over the years. The following factors were taken into account: Fairfax County's population has increased, the capacity of other child-serving agencies has increased, the severity of disorder in our children and families has increased, and the demand for interagency collaboration has increased.

Youth and Family Services is participating in the Model Court Pilot designed to front-load services and engage families before the Juvenile and Domestic Relations District Court by reason of abuse and neglect of the children.

The Mental Health Initiative of DMHMRSAS allocated up to \$465,529 in FY 2001 for the purchase of residential services for Family Assessment and Planning Team (FAPT)-involved, non-mandated children and youth. Authorization for expenditures was available from November through April. Expenditures totaled \$358,715 for the year.

Youth and Family Services has developed an agreement with the FCPS through which therapists work in the non-categorical pre-schools with the parents and the children identified by teachers as needing mental health intervention.

Under the auspices of the Community Policy and Management Team, the CSB has been funded for the first year of a three-year plan to develop a Crisis Care Facility for children and youth in Fairfax who do not require psychiatric hospitalization, but do require diagnostic assessment and targeted treatment in a short-term secure residential setting.

The CSB has been allocated \$600,000 in FY 2002 for the provision of Mental Health Services in the Continuing, Focused and Infant/Early Childhood Programs. Services are to be outsourced.

Two additional positions have been authorized to provide crisis intervention and diagnostic services for the youth in the Juvenile and Domestic Relations District Court Detention and Less Secure Shelter. Funding for the positions is in the Court's budget.

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## **Funding Sources**

Funding sources include Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Mental Health Federal Block Grant for Children and Adolescents; Comprehensive Services Act for At-Risk Youth and Children fees, and fees from clients and insurance companies.

## **► Trends/Issues**

While the school age population of Fairfax-Falls Church has been increasing and is predicted to continue expanding, the Mental Health resources devoted to serving children, youth, and their families have not grown. Further, the caseloads of other child-serving agencies have grown substantially over the last decade. The requirement for interagency collaboration and the sharing of intervention efforts has become a standard of care and is mandated by the Comprehensive Service Act. This participation in the interagency network is highly desirable in meeting the needs of families with Seriously Emotionally Disturbed and At-Risk children and youth, but challenges the agency's ability to distribute resources among all programs. Our children, youth, and families have been presenting with increasingly difficult disorders with an increase in multi-problem families, increased violence, depression, and social and educational dysfunction. Thus, the increasing severity of disorder, population growth, and increasing mandates are continuing to challenge the capacity of Youth and Family Services to provide direct care to our children, youth, and families.

The demands of an increasingly multi-cultural population pose a special challenge for Youth and Family Services, creating the demand to develop diverse language and cultural competencies.

Many of our families lack the financial resources to pay for needed Mental Health services and therefore, receive substantial fee subsidies. Third party payors and regulatory requirements of the Commonwealth of Virginia and the Federal Government continue to demand more and more complex systems of support to meet requirements. Youth and Family Services must produce documentation for Medicaid, insurance carriers, Priority Population identification, and for measures such as the Child and Adolescent Functional Assessment Scale.

## **► Method of Service Provision**

Services are provided in both directly operated and contracted programs. In-home services, respite services, and the Mental Health Initiative residential services are provided through contracts, as will newly authorized outpatient services.

Services are provided Monday through Friday on a flexible schedule to accommodate the needs of families for outpatient treatment. Residential services are provided 24 hours each day while day treatment services operate 5 days per week.

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### ► Performance/Workload Related Data

Unit	FY 2000	FY 2001	FY 2002
Residential Bed Days	10,978	8,326	8,326
Residential Persons Served	47	33	33
Outpatient Hours of Service	34,753	50,359	50,359
Outpatient Persons Served	1,113	1,010	1,010
Adolescent Day Treatment Hours of Service	11,070	14,510	14,510
Adolescent Day Treatment Persons Served	45	39	39

92 percent of clients and families who participated in the Adolescent Day Treatment Program expressed satisfaction with the services they received.

### ► Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 26 - 50%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-194 mandates provision of case management services as a core service within the Community Services Board (CSB).
- Code of Virginia Section 37.1-197.1 mandates provision of predischARGE planning for persons being discharged from a state mental health facility.
- Code of Virginia Section 2.1-752 mandates interagency collaboration and sharing of intervention efforts.

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## ► User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	\$2,440,302
<b>Current Fee</b>		<b>Maximum Allowable Fee Amount</b>
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.		N/A
<b>Purpose of Fee:</b> Fees are charged to offset the cost of providing treatment services.		
Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement  <u>Code of Virginia</u> Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors.  The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	2001
<b>Other Remarks:</b>		